

Name  
in  
Full

Samuel Bafford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Solomons Calvert

MARYLAND

Date of death 1909 Dec Month 15 Day Age — Years — Months 5 Days 6  
Sex Male Color or Race White Birth-place Calvert Co. Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Thomas J Bafford

Father's Birthplace Calvert Co. Md

Mother's Maiden Name Cassie E. Dixon

Mother's Birthplace Calvert Co. Md

Name of person giving information Frank Dixon

How related to deceased Uncle

CAUSES OF DEATH

27

How long

about 1 mo

How long

3 days

Primary

Tuberculosis, Pulmonary

Immediate

Meningitis

Are the name, age, sex, color, date and place correctly given above?

Yes

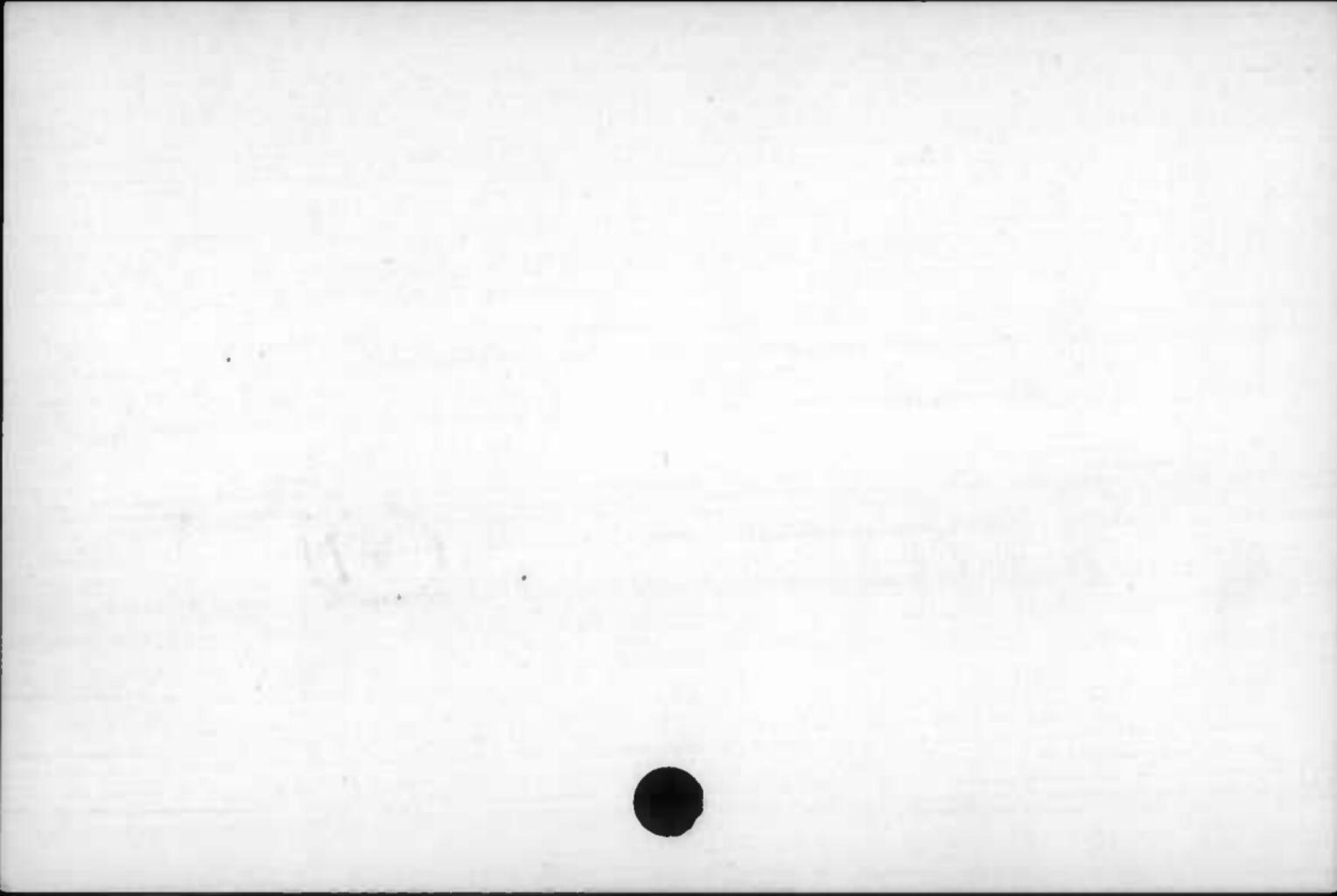
Signature of Physician

Address

Dr. F. Chambers, M.D.,  
Lumsby, Calvert Co., Md.

9

Accident or Suicide?



Name  
in  
Full

Bettie Buckler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	1909	Month	Day	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Maurice Buckler		
Father's Name	Alex Buckler		Father's Birthplace	Calvert Co	
Mother's Maiden Name	Monette		Mother's Birthplace	Calvert Co	
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary *Syphoid fever*  
Immediate *Heart failure*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

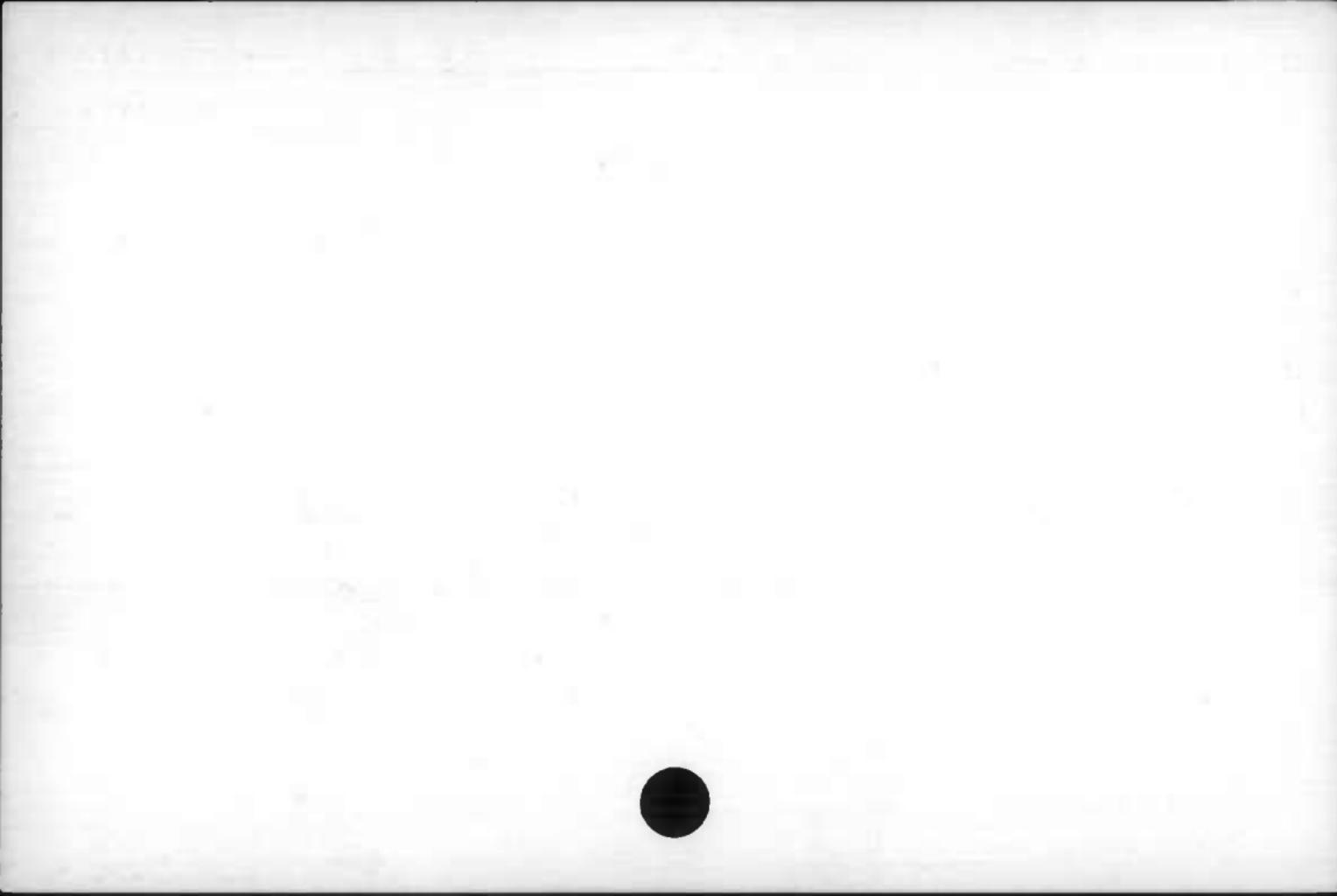
J. W. King  
Barstow Md.

Accident or Suicide

(1) ✓  
How long

How long

6 weeks



Name  
in  
Full

Sinfant- Chambers  
Town County  
Died at Chesapeake Beach Calvert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date of death 1909 Month Day Age

Months Deys

Sex Male

Color or Race

Colored

Birth-place

Chesapeake Beach Md.

Occupation

None

Where Raising if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's

Name Frank Chambers Jr.

Father's Birthplace

Poplar Bluff.

Mother's

Maiden Name Clara Edna Earles

Mother's Birthplace

Poplar Bluff.

Name of person giving  
Information

Frank Chambers Jr.

How related  
to deceased

Father

## CAUSES OF DEATH

Primary



Immediate

Still Born

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W.H. Johnson.

Chesapeake Beach  
Md.PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Annie A. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Lo. Marlboro</u>		Town <u>Calvert</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Oct.</u>	Day <u>7</u>	Years <u>62</u>	Month <u>9</u>	Day <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Calvert Co.</u>			
Occupation <u>Hauswife</u>	Where Reciding if not at place of death <u>Jas. W. Gibson of H Calvert Co.</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Jas. W. Gibson of H</u>		Father's Birthplace <u>Calvert Co.</u>		
Father's Name <u>Dr Levin Neuman</u>			Mother's Birthplace <u>" "</u>		
Mother's Maiden Name <u>Carrie Bowen</u>			How related to deceased <u>Sister-in-Law</u>		
Name of person giving Information <u>Stella Gibson</u>					

CAUSES OF DEATH

Primary

Acute Lobar Pneumonia

How long

10 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

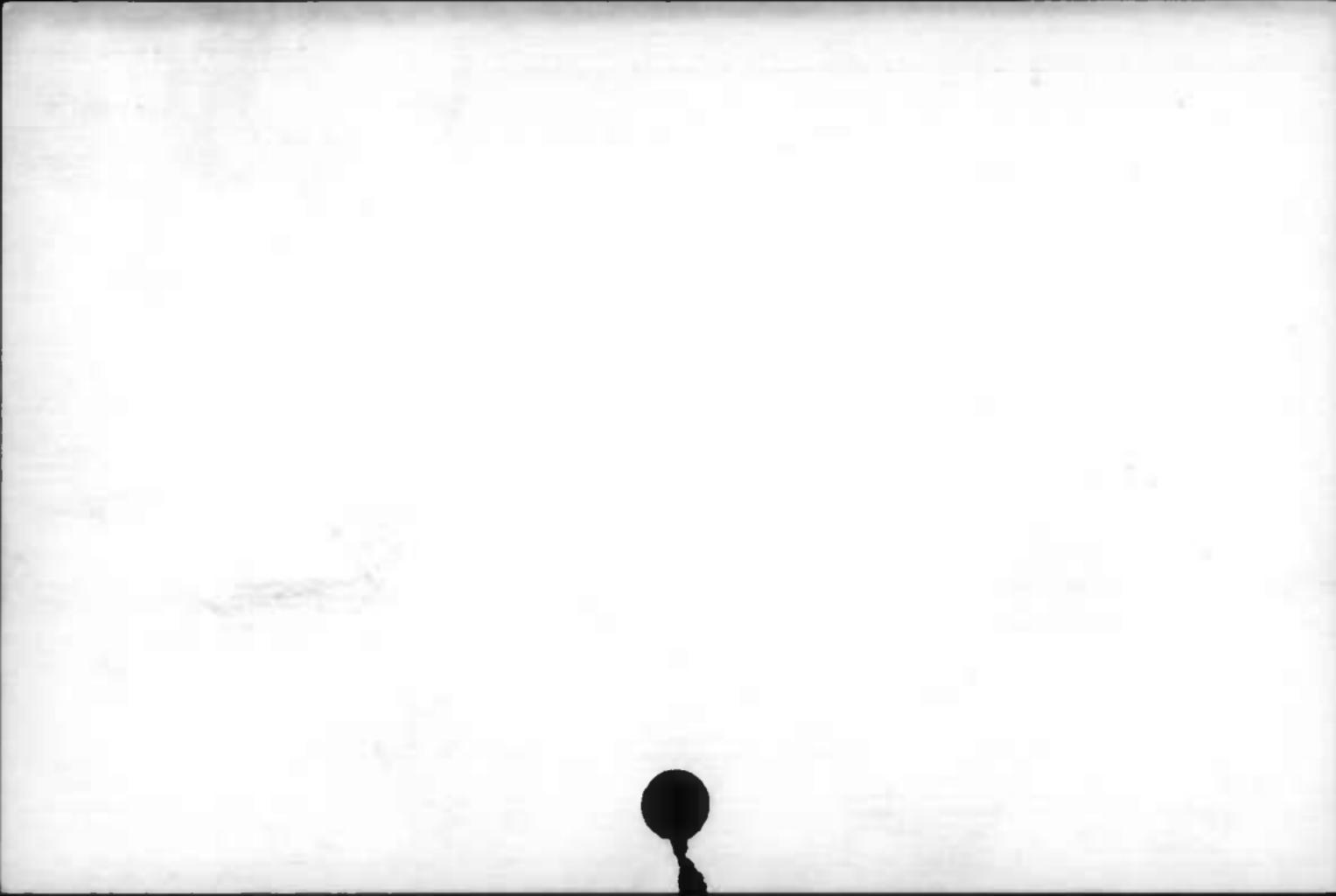
E.H. Hinman

Address

Lo. Marlboro,

Md

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

9

Not Named Giles

CERTIFICATE OF DEATH

Died at <b>Int Harmony</b> County <b>Calvert</b>				<b>MARYLAND</b>		
Date of death <b>1909</b>	Month <b>Dec</b>	Day <b>14</b>	Age <b>—</b>	Years <b>—</b>	Months <b>2</b>	Days <b>—</b>
Sex <b>Boy</b>	Color or Race <b>—</b>			Birth-place <b>Calver county</b>		
Occupation <b>—</b>	Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>—</b>	Name of Wife or Husband <b>—</b>			—		
Father's Name <b>Not known</b>				Father's Birthplace <b>—</b>		
Mother's Maiden Name <b>Mary Alice Giles</b>				Mother's Birthplace <b>Calvert County</b>		
Name of person giving information <b>George Giles</b>				How related to deceased <b>Grand father</b>		

CAUSES OF DEATH

71

How long

Primary

Spassns of life

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

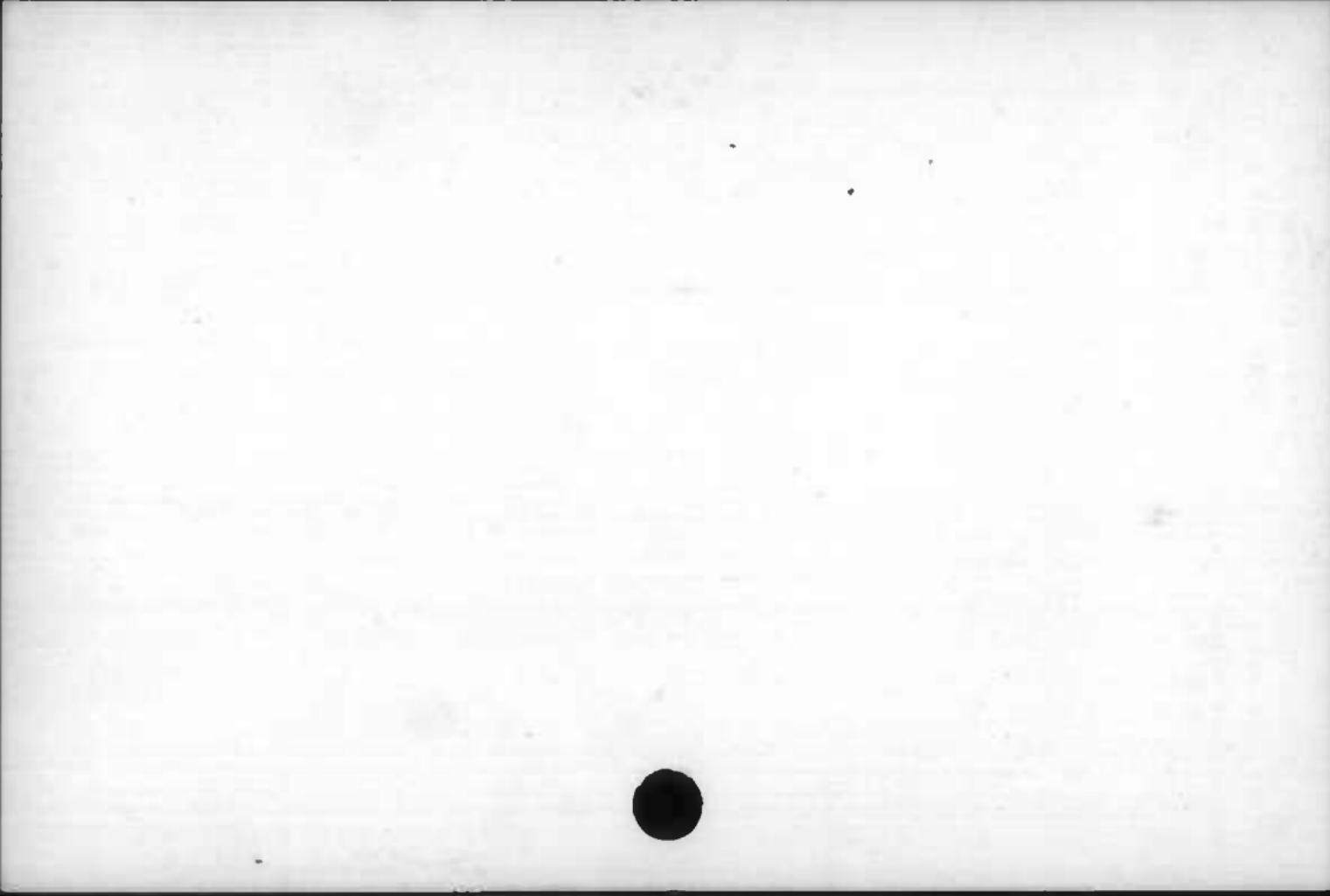
Signature of Physician

Address

State of Maryland Coroner

Int Harmony Md

Accident or Suicide? —



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Graham			Father's Birthplace	Walhille Md.
Mother's Maiden Name	Eliza Coates			Mother's Birthplace	"
Name of person giving information	William Ferdie Graham			How related to deceased	Brother
CAUSES OF DEATH					
Primary	Depressed fracture of skull			164	Hours
Immediate	Compression of the brain			16 hours	

Are the name, age, sex, color, date and place correctly given above?

Yes

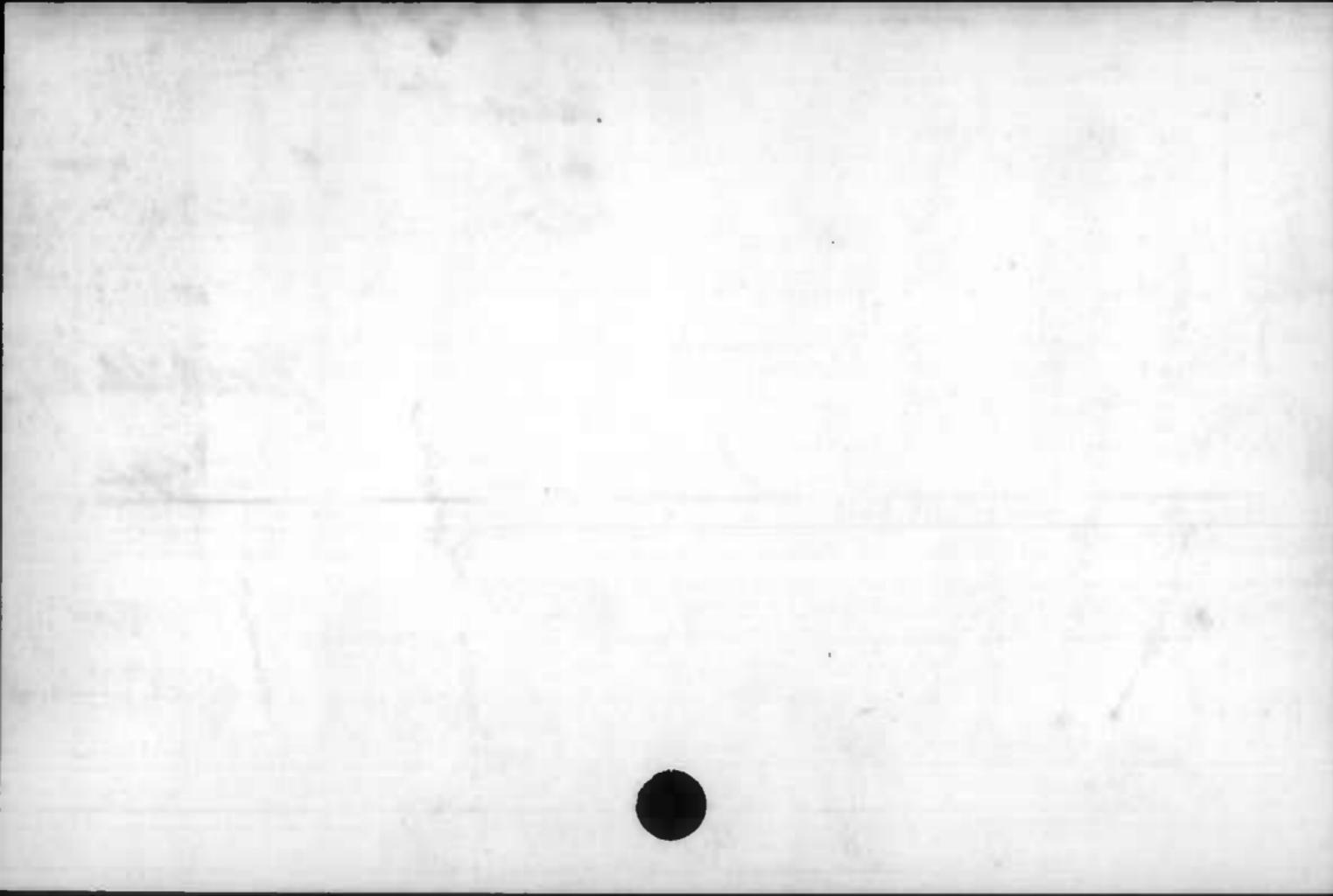
Signature of Physician

George Peterson

St. Leonards, Md.

Bured by a blow on the head received in a fight with John G. Gaters

Accident or Suicide?



Name  
in  
Full

Julius Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County		
Died at Lower Marlboro	Calvert		
Date of death 1909	Month Dec.	Day 4	Years 38
Sex Male	Color or Race Mulatto	Months -	
Occupation Farmer	Where Residing if not at place of death Ella Hamilton	Days -	
Married, Single or Widowed Married	Name of Wife or Husband Ella Hamilton	Father's Birthplace Calvert Co.	
Father's Name Unknown		Mother's Birthplace " "	
Mother's Maiden Name Catherine Gray		How related to deceased Half-Brother.	
Name of person giving Information James Boardley			

CAUSES OF DEATH

Primary

Chronic Nephritis

Immediate

Iraemic Poisoning

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

E.H. Hinman,  
Lower Marlboro,  
Md.

Accident or Suicide

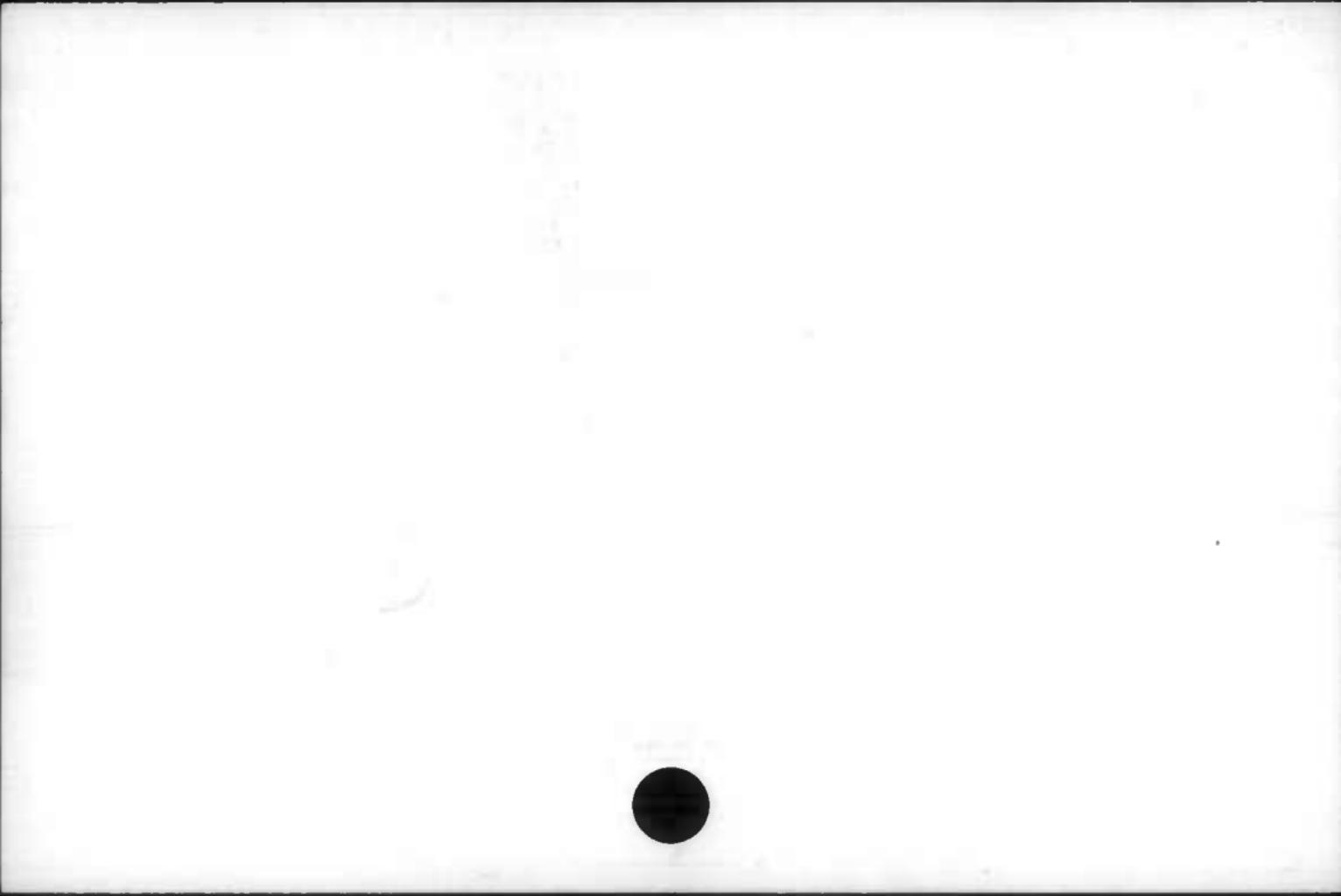
120

How long

6 months

How long

-



Name  
in  
Full

Rebecca Hance

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad st	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	71		
Occupation	Where Reaiding if not at place of dash				
Married, Single or Widowed	Name of Wife or Husband	Kinney Hance			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Chronic Bronchitis

Immediate

Exhaustion

91

How long

2 mo

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

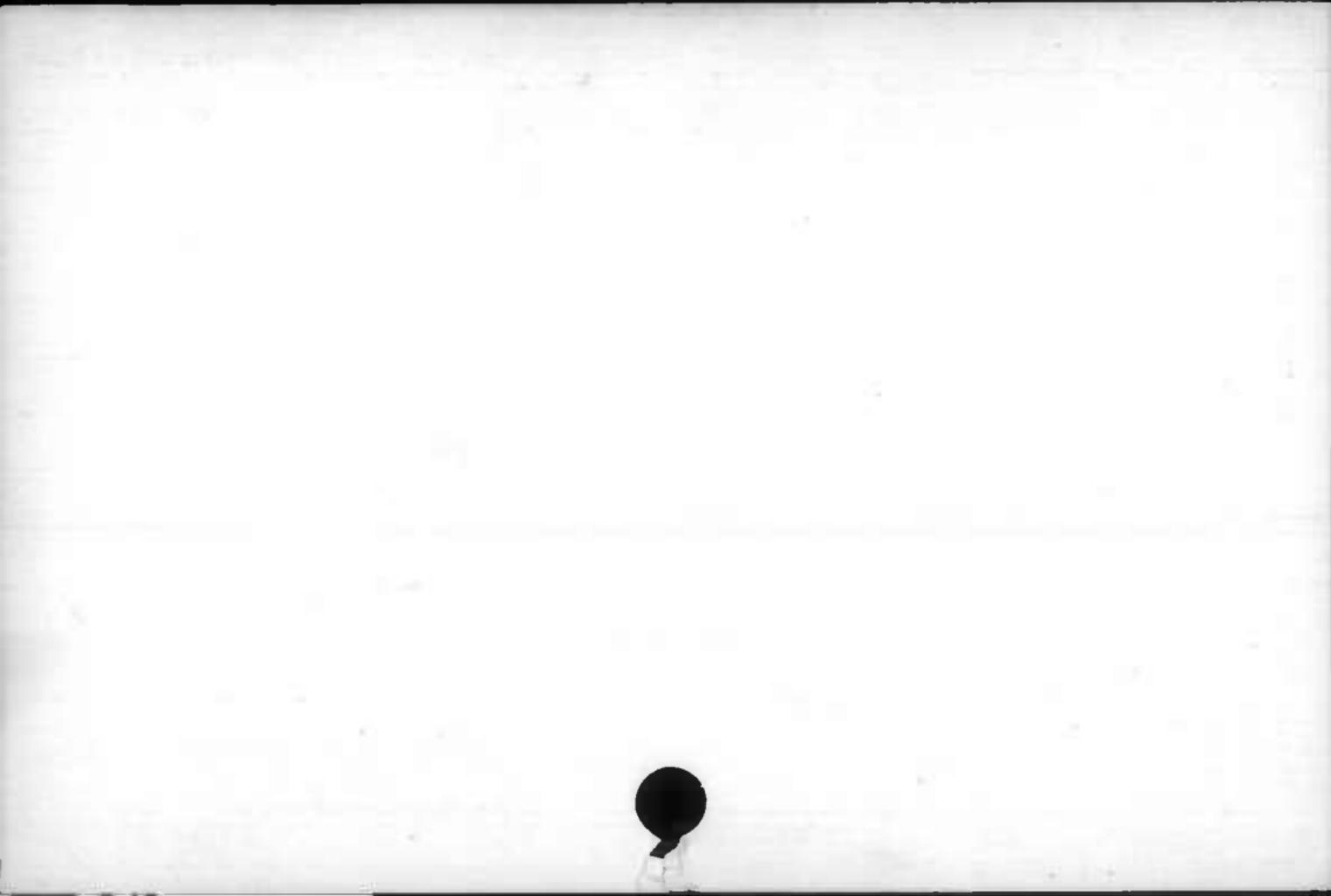
Address

Kinney

Baltimore Md.

9

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jessie Holland

Town

County

Died at

Chesapeake Beach

Calvert

CERTIFICATE OF DEATH

MARYLAND

Date

Month

Day

Year

of death

1909

Dec

2

Age

65

Month

Monthe

Daye

Year

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert Co

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Huaband

Louisa Holland

Father's  
Birthplace

Calvert Co

Father's  
Name

Edmund Holland

Mothar'a  
Birthplace

Calvert Co

Mother's  
Maiden Name

Lilly Emerson

How related  
to deceased

wife

Name of person giving  
Information

Louisa Holland

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

64

How long

12 days

Immediate

Heart Exhaustion

How long

24 hours

Are the name, age, sex, color, date  
and place correctly given above?

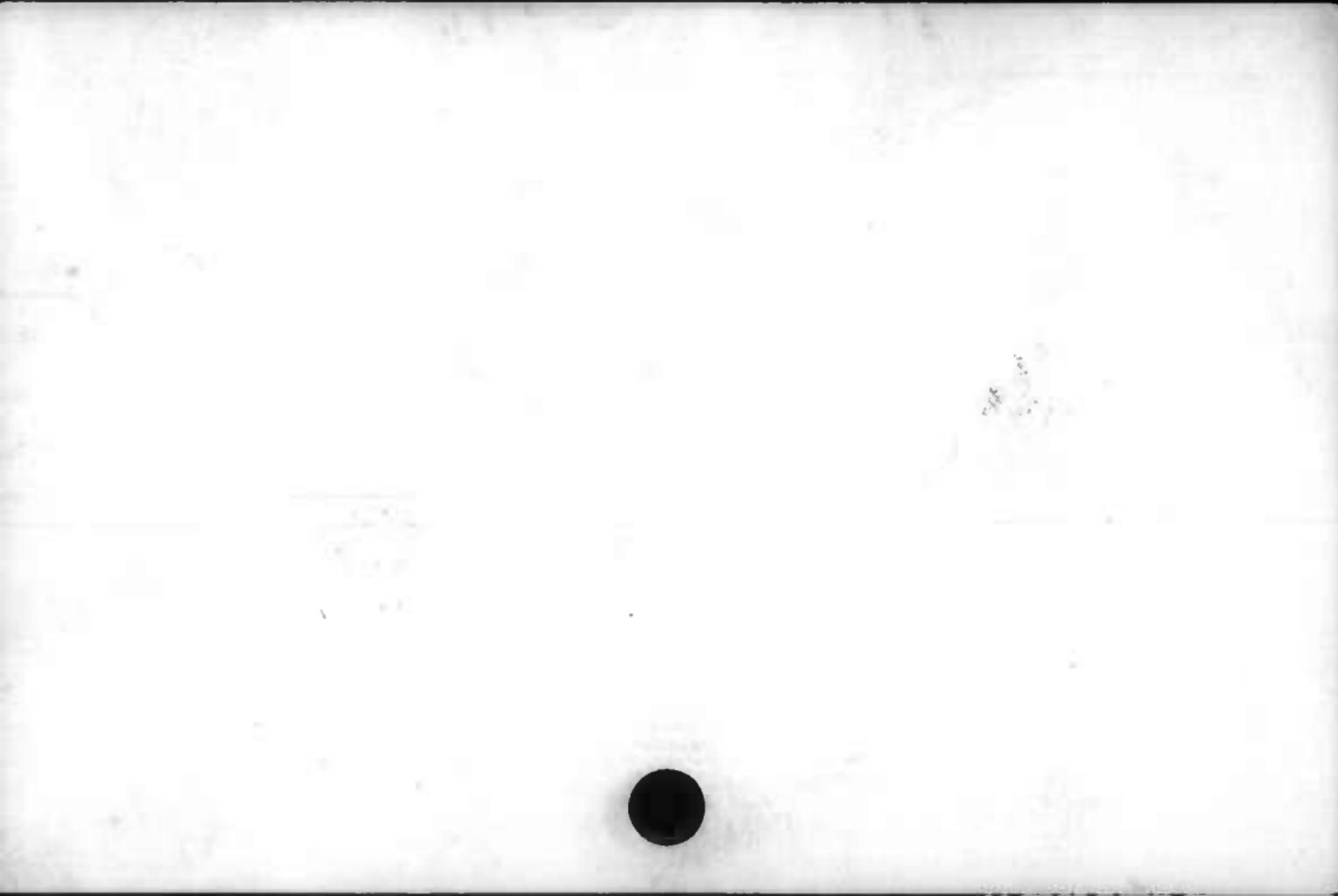
Yes

Signature of  
Physician

Address

J. L. Bragshaw  
Friendship M.D.

Accident or Suicide



Name  
in  
Full

Alice M. L. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

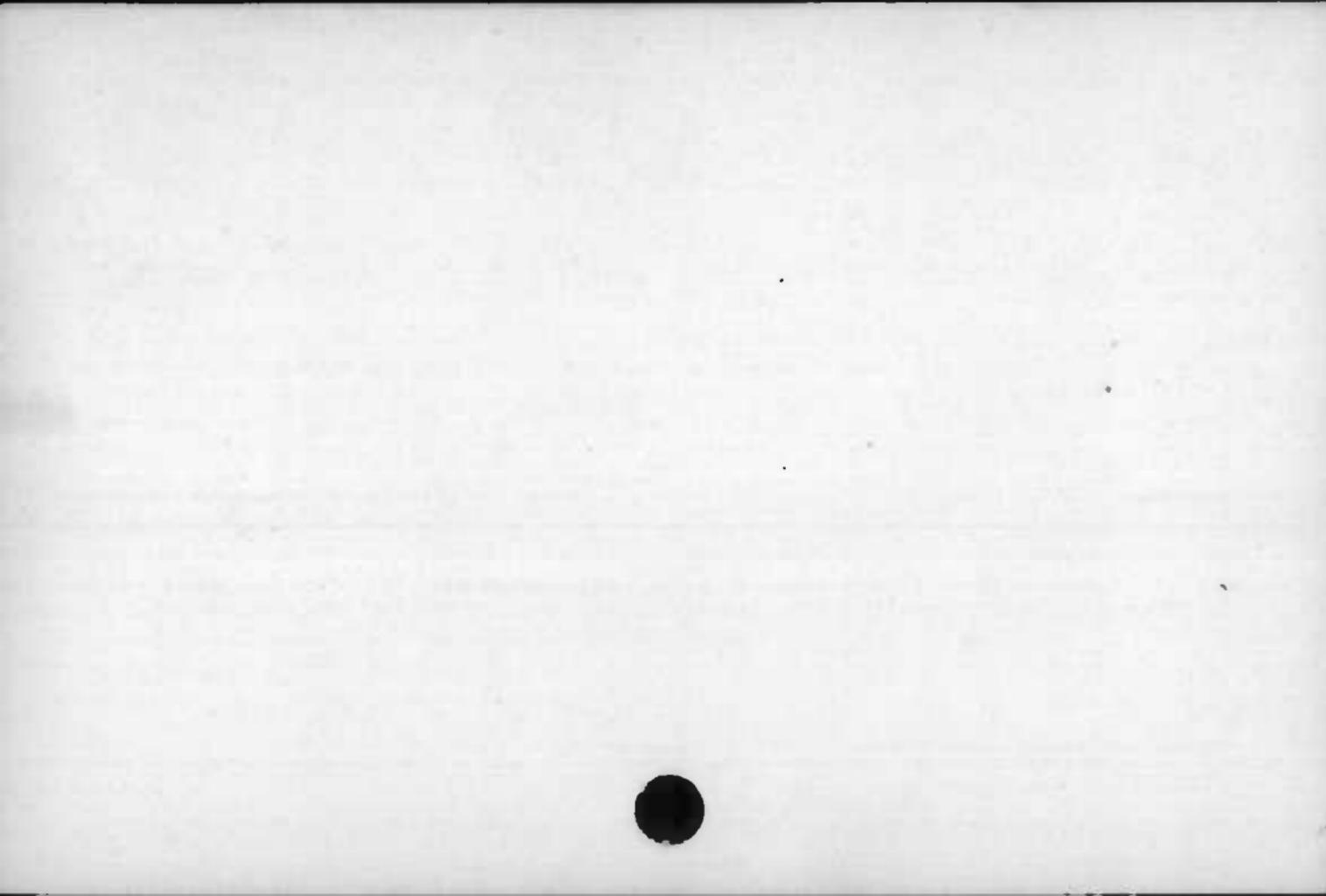
Died at		Town	County		MARYLAND	
Died at	Shiridans Ph	Calvert				
Date of death	1909	Month	Day	Years	Months	Days
	Sept	18	20	Age	4	9
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co	
Occupation				Where Residing if not at place of death	Calvert Co	

Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace
Father's Name	William H Jones	Calvert Co
Mother's Maiden Name	Maggie Truland	Mother's Birthplace
Name of person giving Information	Gillis Truland	How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lungs	
Immediate	27	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	A. F. Linsky Sub Rep.	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lewis T. Parrot

CERTIFICATE OF DEATH

MARYLAND

Died at Willow

Town

County

Calvert

Date of death 1909 Dec.

Month

Day

Years

Months

Days

20<sup>th</sup> Age 27

Sex Male

Color or Race

Negro

Birth-place

Willow, Md.

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Mose

Father's Name

James Thomas Parrot

Father's Birthplace

Willow, Md.

Mother's Maiden Name

Christina B. Ray

Mother's Birthplace

Chesapeake Md.

Name of person giving  
Information

Christina B. Parrot

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Tuberculosis

27

✓

Immediate

Pulmonary hemorrhage

months

Signature of  
Physician

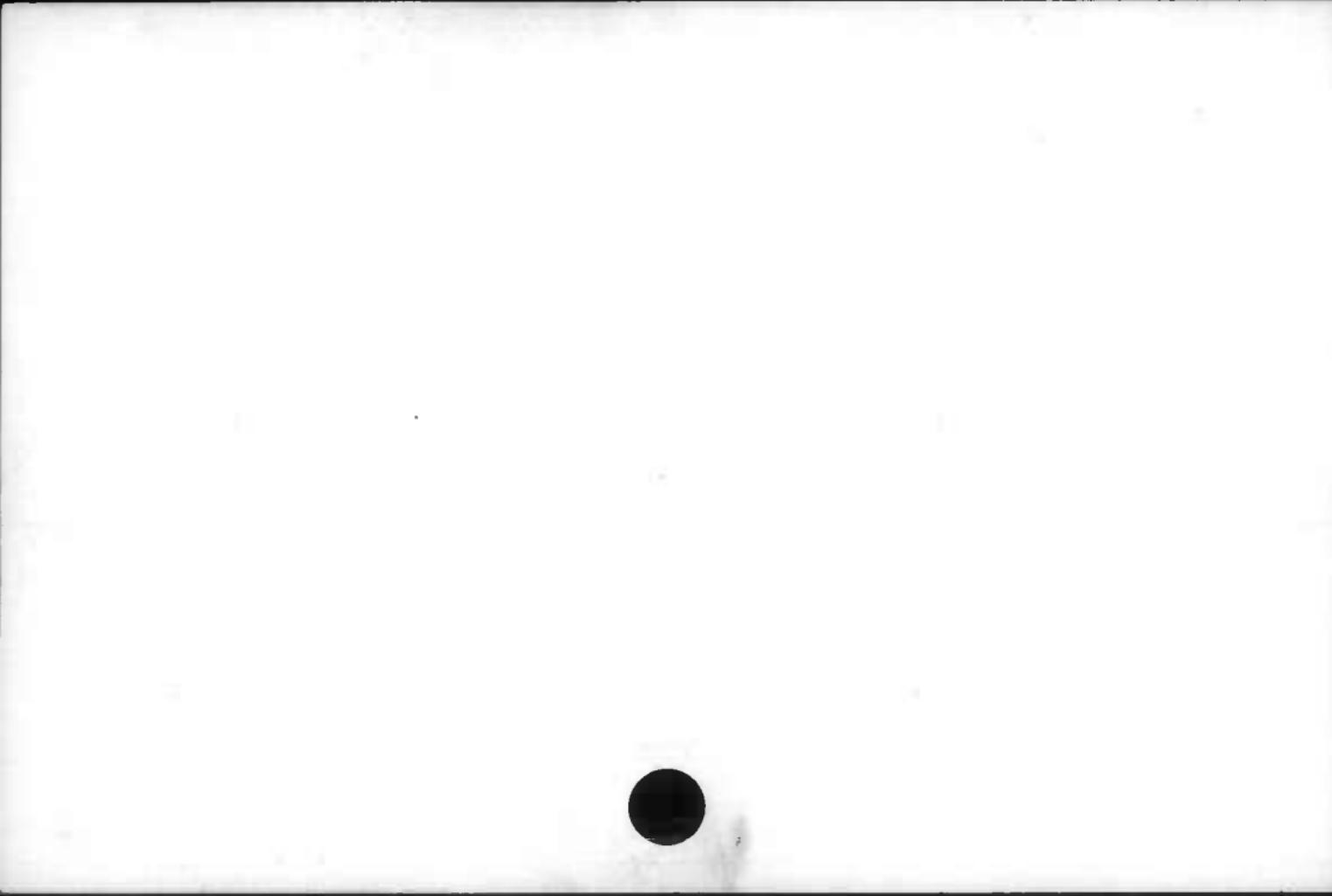
Address

Dr. F. Talbot,

Willow, Md.

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide



Name  
in  
Full

W. H. Sherbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town

County

Died at Huntington

Calvert

MARYLAND

Month

Day

Years

Months

Days

Date

of death 1909

Dec

17

Age

49

6

Sex

Male

Color or  
Race

White

Birth-  
place

Occupation

Merchant

Where Residing if not  
et place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Reginald H. Sherbert

Father's  
Birthplace

Cal. Co. Ind

Mother's  
Maiden Name

Susan Crosby

Mother's  
Birthplace

A. T. Co.

Name of person giving  
Information

J. H. Harrison

How related  
to deceased

Nurse

CAUSES OF DEATH

Primary

Alcoholism

56

How long

Immediate

Heart Failure

die suddenly

Are the name, age, sex, color, date  
and place correctly given above?

yes

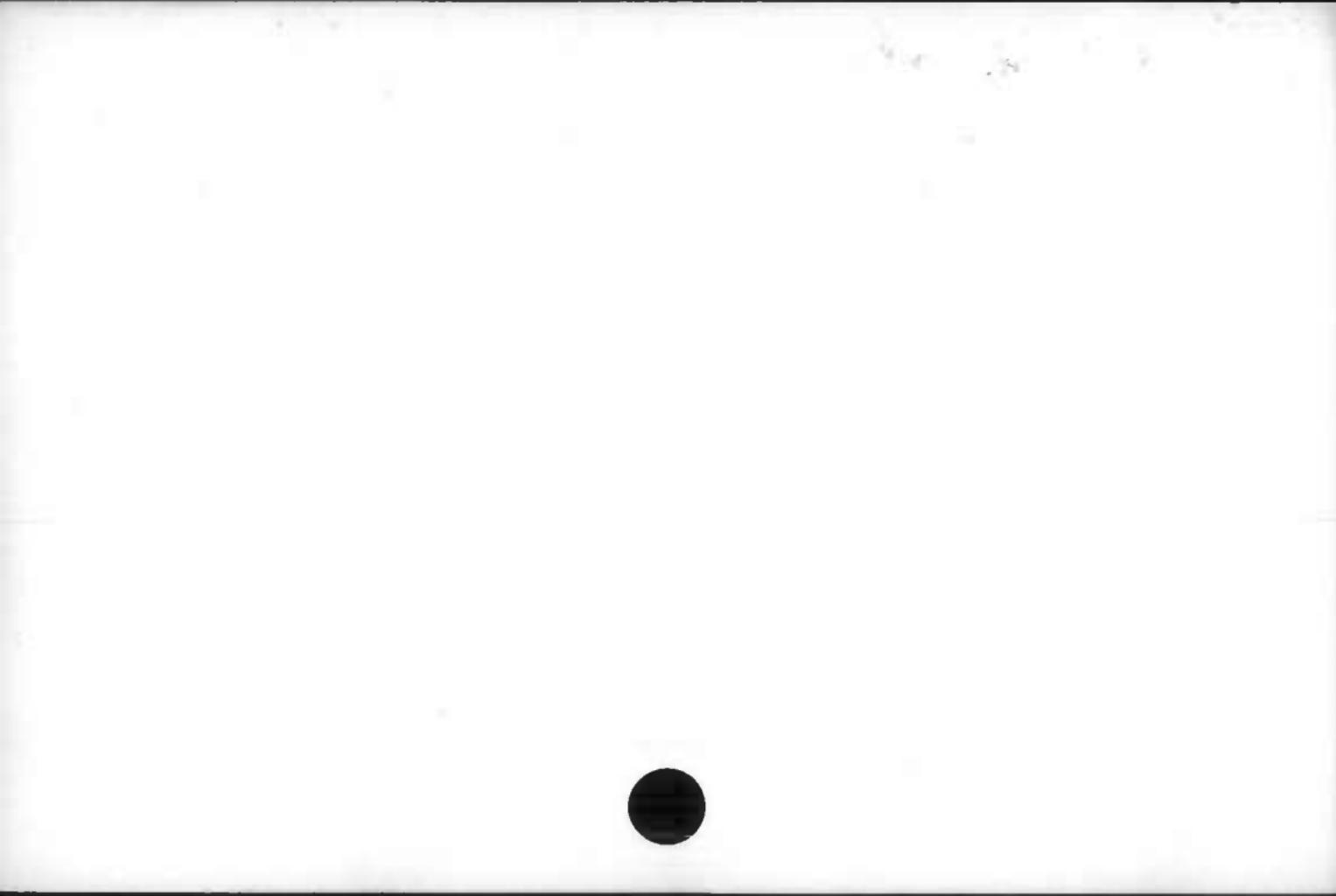
Signature of  
Physician

Address

J. W. Leitete  
Huntingtown  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Ida Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Dec.	Age 14	Month	Day	
Sax	Female	Color or Race White	Birth-place	Mt. Harmony, Md.	
Occupation	upil in Public School				
Married, Single or Widowed	Single	Name of Wife or Husband	Where Reiding if not at place of death		
Father's Name	Fielder Wood				
Mother's Maiden Name	Nellie Lane				
Name of person giving Information	Mrs Nellie Wood				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acuti Tonsillitis

101

How long

1 day

Immediate

Syncope

How long

4 minutes.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. M. Chang, M.D.  
Chang, Md.

Accident or Suicide

